



07-11-01

PTO/SB/05 (2/98)

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No **TI-30883**First Named Inventor or Application Identifier **Chambers, Mark**Title **CMOS DC OFFSET CORRECTION CIRCUIT WITH
PROGRAMMABLE HIGH-PASS TRANSFER
FUNCTION**Express Mail Label No. **EL552917975US**

On Page 1 of the specification, before line 1, insert –This application claims priority under 35 USC § 119(e)(1) of provisional application number **60/217,046** filed **07/10/00**. –

APPLICATION ELEMENTS <small>See MPEP Chapter 600 concerning utility patent application contents</small>		ADDRESS TO:		
1.	<input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>	6.	<input type="checkbox"/> Microfiche Computer Program (Appendix)	
2.	<input checked="" type="checkbox"/> Specification <small>(preferred arrangement set forth below)</small> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	[Total Pages] 16	7.	<input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identical of above copies
3.	<input checked="" type="checkbox"/> Drawing(s) (35 USC d113)	[Total Sheets] 4	8.	<input type="checkbox"/> Assignment Papers (cover sheet & Documents(s))
4.	<input type="checkbox"/> Oath or Declaration	[Total Pages] X	9.	<input type="checkbox"/> 37 CFR §3.73(b) Statement <small>(when there is an assignee)</small> <input type="checkbox"/> Power of Attorney
	a. <input type="checkbox"/> Newly Executed (original or copy)		10.	<input type="checkbox"/> English Translation Document (if applicable)
	b. <input type="checkbox"/> Copy from a prior application (37 CFR §1 63(d)) <small>(for continuation/divisional with Box 17 completed)</small>		11.	<input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
[Note Box 5 below]				
	i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §1 63(d)(2) and 1.33(b).		12.	<input checked="" type="checkbox"/> Preliminary Amendment
5.	<input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		13.	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:				
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)		of prior application No: /		
Prior application information: Examiner _____ Group / Art Unit: _____				
18. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		23494 <small>(Insert Customer No. or Attach bar code label here)</small>		
		or <input type="checkbox"/> Correspondence address below		
NAME	W. Daniel Swayze, Jr. Texas Instruments Incorporated			
ADDRESS	P.O. Box 655474, MS 3999			
CITY	Dallas	STATE	Texas	ZIP CODE
COUNTRY	USA	TELEPHONE	972-917-5373	FAX
Name (Print/Type)		W. Daniel Swayze, Jr.		Registration No. (Attorney/Agent) 34,478
Signature				Date

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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT

(\$ 710)

Complete If Known

Application Number

Filing Date 07/10/01

First Named Inventor Chambers, Mark

Examiner Name TBD

Group / Art Unit TBD

Attorney Docket No. TI-30883

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge to the following Deposit Account.

Deposit Account Number

20-0668

Deposit Account Name

Texas Instruments Incorporated

Charge any additional fee required or credit any overpayment Charge all indicated fees and any additional fee required or credit any overpayment

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	\$ 710
106	330	206	165	Design filing fee	\$
107	540	207	270	Plant filing fee	\$
108	790	208	395	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$
SUBTOTAL (1)				(\$)	710

2. EXTRA CLAIM FEES

Total Claims	Extra Claims		Fee from below	Fee Paid	
	10	-20** =	0	x	= 0
Independent Claims	2	-3** =	0	x	= 0
Multiple Dependent					

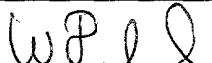
**or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent Claims in excess of 3
104	270	204	135	Multiple dependent claims in excess of 3
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$)
				0

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

Complete (if applicable)

SUBMITTED BY				Reg. Number	34,478
Typed or Printed Name	W. Daniel Swayze, Jr.				
Signature		Date		Deposit Account User ID	

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